



Centers for Disease Control and Prevention Fiscal Year 2011 Grants Profile Report for

Territories

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in U.S. territories. Refer to the "About the Data" section below for important qualifying statements about the data.

2010 Population: 4,349,656

Timeframe: 10/1/10 - 9/30/11

TERRITORY	Birth Defects & Developmental Disabilities	Chronic Disease Prevention & Health Promotion	Environmental Health	Infectious Diseases	Injury Prevention and Control	Occupational Safety & Health	Prevention and Public Health Fund/Other ACA Funds	Preventive Health and Health Services Block Grant	Public Health Preparedness & Emergency Response	Public Health Scientific Services	Vaccines For Children	GRAND TOTAL
American Samoa	\$0	\$599,308	\$0	\$658,320	\$0	\$0	\$454,846	\$40,157	\$424,592	\$69,044	\$844,197	\$3,090,464
Federated States of Micronesia	\$83,056	\$860,868	\$0	\$1,693,661	\$15,058	\$0	\$457,868	\$49,036	\$451,543	\$43,351	\$0	\$3,654,441
Guam	\$139,735	\$1,135,189	\$0	\$1,596,706	\$21,306	\$0	\$513,280	\$165,052	\$436,048	\$133,728	\$2,179,805	\$6,320,849
Marshall Islands	\$0	\$376,301	\$0	\$1,127,892	\$8,284	\$0	\$454,836	\$20,229	\$372,756	\$0	\$0	\$2,360,298
Northern Mariana Islands	\$122,350	\$693,826	\$0	\$1,083,402	\$8,746	\$0	\$453,738	\$30,746	\$358,054	\$0	\$890,499	\$3,641,361
Puerto Rico	\$175,000	\$2,395,859	\$487,739	\$13,051,044	\$463,232	\$84,482	\$1,251,686	\$1,201,750	\$7,473,561	\$65,840	\$64,305,315	\$90,955,508

Page 1 All Territories and Other





TERRITORY	Birth Defects & Developmental Disabilities	Chronic Disease Prevention & Health Promotion	Environmental Health	Infectious Diseases	Injury Prevention and Control	Occupational Safety & Health	Prevention and Public Health Fund/Other ACA Funds	Preventive Health and Health Services Block Grant	Public Health Preparedness & Emergency Response	Public Health Scientific Services	Vaccines For Children	GRAND TOTAL
Republic of Palau	\$78,835	\$962,078	\$0	\$677,319	\$0	\$0	\$665,988	\$15,901	\$375,134	\$115,872	\$0	\$2,891,127
Virgin Islands	\$0	\$426,169	\$0	\$2,483,026	\$17,207	\$0	\$0	\$130,512	\$423,822	\$44,117	\$2,344,349	\$5,869,202
Total	\$598,976	\$7,449,598	\$487,739	\$22,371,370	\$533,833	\$84,482	\$4,252,242	\$1,653,383	\$10,315,510	\$471,952	\$70,564,165	\$118,783,250

About The Data

Data Included

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2011 (10/1/10 to 9/30/11) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 11/7/11, when source data were finalized for use in FY2011 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2011, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2011.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 64 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

Data Excluded

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, American Reinvestment and Recovery Act (ARRA) funds, Public Health Scientific Services (except BRFSS) funds, Global Health funds,

Page 2 All Territories and Other





Business Services Support funds, Buildings and Facilities funds, Public Health Improvement and Leadership funds, Public Health Workforce/Workforce Development funds (except for ACA), World Trade Center funds, Public Health Preparedness SBIR and PHS Evaluation Set-Aside funds and Public Health Service funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

Data Sources

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census http://2010.census.gov/2010census/data/index.php
- For all other geographies 2008-2009 data from the United Nations http://unstats.un.org/unsd/demographic/products/vitstats/serATab2.pdf

Data Interpretation and Use

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as population disease burden, per capita formula-based, competitive based on proposal merit, non-competitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.
- The variation in funding for the categories from 2010 to 2011 illustrate the trend of increased Prevention and Public Health Fund/Other ACA funding and implementation, and the fact that CDC's fiscal year (FY) 2011 base budget was cut \$740M--more than 11%--from the FY 2010 level.

For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office http://www.cdc.gov/about/business/funding.htm

Page 3 All Territories and Other





CDC's American Recovery and Results Act of 2009 website
 http://www.cdc.gov/fmo/topic/recovery_act/index.html
 See in particular the document "Description of Funded Activities" under the "CDC Recovery Act Funding" section

Call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day – e-mail cdcinfo@cdc.gov

Page 4 All Territories and Other